

Access Control Policy Acknowledgement Form

This form is for employees to acknowledge receipt, understanding, and acceptance of the organization's Access Control Policy.

I, the undersigned employee, hereby acknowledge that I have received, read, and understood the Access Control Policy of the organization. I agree to comply with the rules and guidelines as described therein. I understand that failure to adhere to the policy may result in disciplinary action, up to and including termination of employment.

Employee Name

Employee ID

Department

Date

Employee Signature

Comments (optional)